

Case No: 07-38246-H1-13

**UNITED STATES BANKRUPTCY COURT**

SOUTHERN DISTRICT OF TEXAS

Houston Division

In re: DAVID ORLANDO COLLINSCase No: 07-38246-H1-13Chapter: 13Property Address: 8603 CHESTNUT FOREST, HOUSTON, TX 77088Last four digits of any number you use to  
Identify the Debtor's account: 7843Court Claim No. (if known) 13**STATEMENT IN RESPONSE TO NOTICE OF FINAL CURE PAYMENT**

As contemplated by Fed. R. Bankr. Proc. 3002.1

WELLS FARGO BANK, N.A., SUCCESSOR BY MERGER TO WELLS FARGO HOME MORTGAGE, INC., ITS ASSIGNS  
AND/OR SUCCESSORS IN INTEREST("Creditor") hereby responds to that certain Notice of Final Cure Payment ("Cure Notice") dated 01/07/2013 and filed as Docket  
No. 97**Pre-Petition Amounts**  
**Outstanding**

Applicable option is checked

☒ Agrees that Debtors have paid in full the amount required to cure the default on Creditor's claim☐ Disagrees that Debtors have paid in full the amount required to cure the default on Creditor's claim and states that the total  
amount due to cure pre-petition arrears is:

Total Amount Due:

\$

**Post-Petition Amounts**  
**Outstanding**

Applicable option is checked

☒ Agrees that Debtors are current with respect to all payments consistent with § 1322(B)(5) of the Bankruptcy Code.☐ Disagrees that Debtors are current with respect to all payments consistent with § 1322(b)(5), and states that the total amount  
due to cure post-petition arrears is:

Total Amount Due:

\$

The outstanding amounts identified on the attached Statements may not, due to timing, reflect all payments sent to Creditor as of  
the date stated therein. In addition, the amounts due may include payments reflected on the Notice of Final Cure Payment but  
which have not yet been received and/or processed by Creditor.

The person completing this statement must sign it. Sign and print your name and your title (if any), and state your address and

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telephone number if different from the notice address listed on the proof of claim to which this Supplement applies.

Check the appropriate box

☐ I am the Creditor ☐ I am the Creditor's authorized agent. (Attach a copy of power of attorney, if any.)

I declare under penalty of perjury that the information provided in this Statement in Response to Notice of Final Cure Payment is true and correct to the best of my knowledge, information and reasonable belief.

X /s/ MITCHELL BUCHMAN

Signature

X 01/29/2013

Date (MM/DD/YYYY)

First Name: MITCHELL

Middle Name:

Last Name: BUCHMANTitle: AttorneyCompany BARRETT DAFFIN FRAPPIER TURNER & ENGEL, LLPAddress 15000 SURVEYOR BLVD SUITE 100City ADDISONState: TXZip: 75001Phone (713) 621-8673

**CERTIFICATE OF SERVICE**

I hereby certify that on January 29, 2013, a true and correct copy of the Statement in Response to Notice of Final Cure Payment was served via electronic means as listed on the Court's ECF noticing system or by regular first class mail to the parties listed on the attached list.

Respectfully submitted,

BARRETT DAFFIN FRAPPIER  
TURNER & ENGEL, LLP

BY: /s/ MITCHELL BUCHMAN 01/29/2013  
MITCHELL BUCHMAN  
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HOUSTON, TX 77056  
Telephone: (713) 621-8673  
Facsimile: (713) 621-8583  
E-mail: SDECF@BDFGROUP.COM  
ATTORNEY FOR CLAIMANT

**BY ELECTRONIC NOTICE OR REGULAR FIRST CLASS MAIL:**

**DEBTOR:**

DAVID ORLANDO COLLINS  
8603 CHESTNUT FOREST  
HOUSTON, TX 77088

**DEBTOR'S ATTORNEY:**

ELOISE A. GUZMAN  
8225 GULF FREEWAY  
HOUSTON, TX 77017

**TRUSTEE:**

DAVID G. PEAKE  
9660 HILLCROFT, SUITE 430  
HOUSTON, TX 77096

**UNITED STATES TRUSTEE:**

515 RUSK AVENUE, SUITE 3516  
HOUSTON, TX 77002